



**ACKNOWLEDGEMENT OF RECEIPT OF
HIPAA NOTICE OF PRIVACY PRACTICES**

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Privacy Officer: Kimberley Yang, Ph.D., Executive Director (760) 323-4272

I hereby acknowledge that I received a copy of this medical practice's HIPAA Notice of Privacy Practices. I further acknowledge that a copy of the current notice will be available from the front desk of this office, and that a copy of any amended Notice of Privacy Practices will be available at each appointment, if applicable.

Desert Family Medical Center reserves the right to modify the HIPAA Notice of Privacy Practices outlined in the notice.

Print Patient Name

Date of Birth

Signature of Patient

Date

Signature of Patient Representative
(Required if the patient is a minor or dependent adult)

Relationship of Patient Representative to Patient
(Required if the patient is a minor or dependent adult)

This document will be filed in patient's chart.